## CITY OF IMPERIAL BEACH 825 Imperial Beach Blvd. Imperial Beach, CA 91932 (619) 628-1423

# **BUSINESS TAX CERTIFICATE APPLICATION**

### Special Event Vendor Application

#### FEES ARE NON-REFUNDABLE

# NOTE: ALL APPLICABLE QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE REJECTED

As mandated by the State per SB 1186 the City of Imperial Beach is required to collect a new state-imposed \$1.00 fee from all applicants and renewal applicants for a local business license on and after January 1, 2013, and until December 31, 2018. Among other things, funds generated by this fee will be used to promote disability access and related services in the City.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at <a href="https://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a>. The California Commission on Disability Access at <a href="https://www.ccda.ca.gov">www.ccda.ca.gov</a>

□ NEW BUSINESS □ CHANGE OF ADDRESS □ CHANGE OF OWNERSHIP □ CHANGE OF BUSINESS NAME □ RENEWAL 1. Business Name: \_\_\_\_\_\_Phone No\_\_\_\_\_ 2. Business Address: 3. Mailing Address: 4. Type of business: Email ☐ Federal ID No/Social Security # (required). \_\_\_\_\_ Resale Tax No. \_\_\_\_ State ID No. 5. Structure of Business: ☐ Corporation ☐ Single Ownership ☐ Partnership ☐ Trust ☐ Limited Liability 6. List all products for sale 7. Description of all handouts\_\_\_\_\_ 8. Owner/Officer/Manager Information Name: \_\_\_\_\_Phone No: Address: I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. SIGNATURE DATE: FINANCE DEPT: BASIC FEE: \$\_\_\_\_\_ SB 1186 <u>\$1.00</u> TOTAL FEE\_\_\_\_\_ LICENSE # \_\_\_\_\_ BUS CONTROL #\_\_\_\_\_